

2027 Benefits Guide

COBRA participants

ECOLAB®



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Use this guide to learn about your Ecolab 2027 COBRA options and choose the benefits that best meet your needs.

Your 2027 COBRA Benefits



COBRA Open Enrollment

October 26 – November 10, 2026

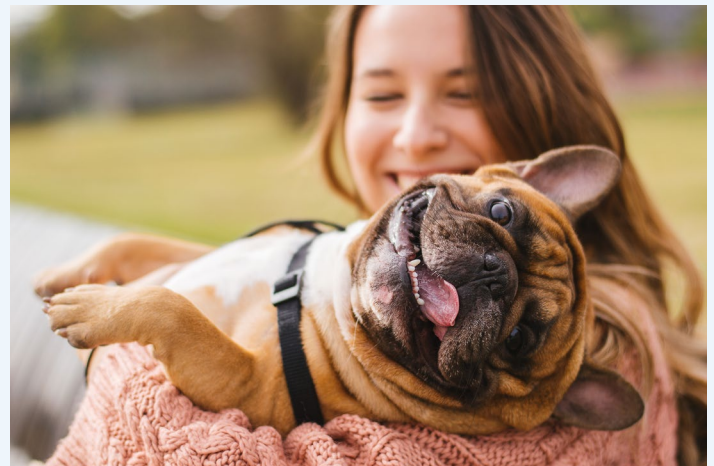
You are not required to take action during COBRA Open Enrollment unless you wish to make changes to your current benefits. Your 2026 coverage will automatically continue, with the exception of Flexible Spending Accounts (FSAs), which cannot be carried over into a new calendar year under COBRA.

ELIGIBILITY

As a COBRA participant, you are eligible to enroll or make changes to your medical, prescription drug, dental, and/or vision plan elections. You must participate in a benefit plan to enroll your dependents.

Eligible dependents include:

- Your spouse/domestic partner
- Your or your spouse/domestic partner's dependent child(ren), up to age 26
- Your or your spouse/domestic partner's disabled dependent child(ren) over age 26



This guide is designed to provide you with information regarding your COBRA health benefits. For a full description of the plans, please refer to the Summary Plan Descriptions, which can be found at thrivepass.com/ecolab-benefit-resources. To request that a copy be sent to your home or email address, contact ThrivePass, Ecolab's COBRA and retiree health benefits administrator, at 1.866.855.2844 or COBRA@thrivepass.com.



2027: Getting Started

HOW TO ENROLL

If you want to enroll or make changes to your COBRA benefits coverage for 2027, please visit nexus.thrivepass.com or contact ThrivePass at **1.866.855.2844** by the deadline provided on your *2027 COBRA Open Enrollment Notice*.

PAYING FOR BENEFITS

Paying for your COBRA benefits coverage is your responsibility. You will receive a monthly invoice from ThrivePass, and you have 30 days from the due date to pay your premium. ***If you do not pay the premium within the 30-day grace period, your COBRA coverage will terminate,*** and you will lose your right to COBRA continuation.

MAKING CHANGES DURING THE YEAR

The IRS limits the changes you can make to your coverage or the dependents you cover during the calendar year. You may not initiate a change during the year unless you have a qualified life event (e.g., a birth, divorce, marriage). You may request to discontinue COBRA coverage at any time. Cancellation of coverage will be processed effective the first of the month following the date on which the request is made.

WHAT TO EXPECT FOR 2027

For 2027, covered services under your core benefits will remain the same. The premiums for both medical plans and the Premier Dental Plan will increase.

Medical plan deductibles—the amount you pay before the plan begins sharing costs—and annual out-of-pocket maximums—the most you pay for covered services during the plan year—will also change:

- **Health Savings Account Plan:** The deductible and out-of-pocket maximum will increase by 12.5%.
- **Traditional Plan:** The deductible will increase by 33%. Today, the plan has separate annual out-of-pocket maximums for medical care and prescription drugs. In 2027, these will be combined into one limit. The new combined limit will be lower than the two 2026 limits added together.

As health care costs continue to rise, Ecolab remains focused on keeping coverage affordable, equitable and competitive.

Read on to learn more about your medical, prescription, dental, and vision plan options.

Medical Plans

In this section

- › Health Savings Account Plan
- › Traditional Plan
- › How the Medical Plans Compare



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Ecolab offers two medical plan choices: the Health Savings Account Plan and the Traditional Plan.

Both plans offer:

- Coverage for the same health care services
- In-network preventive care services at 100% with no deductible
- Access to a national network of high-quality providers through Cigna
- Prescription drug coverage through CVS Caremark
- Freedom to see the health care provider of your choice with no referral



Health Savings Account Plan

Under the Health Savings Account Plan, you pay lower premiums with a higher deductible and out-of-pocket maximum.

How the Health Savings Account Plan works:

- 1 In-network preventive care is covered at 100%. Out-of-network preventive care is not covered by the plan.
- 2 You pay the full cost of all nonpreventive care (including most prescriptions) until you reach your deductible.
- 3 After you meet your deductible, the plan shares the cost of your nonpreventive care (including prescriptions) through coinsurance up to the annual out-of-pocket maximum.
- 4 When you meet your out-of-pocket maximum, the plan will pay 100% of all covered in-network expenses for the remainder of the calendar year.

HEALTH SAVINGS ACCOUNT (HSA)

If you already have an HSA that was established while you were actively employed with Ecolab, your balance remains available to you, and you are eligible to make contributions into your account directly through HSA Bank. Please contact HSA Bank at **1.800.357.6246** for additional information. To access your account online, visit hsabank.com. You will need to contact HSA Bank to request a username and password for this site.

If you are newly electing the Health Savings Account Plan, Ecolab will NOT open an HSA on your behalf; however, you may open an HSA on your own through any bank that offers an HSA. It is your responsibility to seek out an HSA provider, should you choose to open an HSA.

If you are covered under the Health Savings Account Plan and want to contribute to an HSA, you generally cannot be covered by any other medical plan, including Medicare, a spouse's medical plan, or a General Purpose Health Care FSA.



Traditional Plan

Under the Traditional Plan, you pay higher premiums with a lower deductible and out-of-pocket maximum. Prescriptions do not apply to the medical plan deductible, but do apply to the out-of-pocket maximum.

How the Traditional Plan works:

- 1 In-network preventive care is covered at 100%. Out-of-network preventive care is not covered by the plan.



For more information

For questions or to find an in-network provider, call **1.800.900.3791** or visit myCigna.com.

With the exception of prescriptions:

- 2 You pay the full cost of all nonpreventive care, until you reach your deductible.
- 3 After you meet your deductible, the plan shares the cost of your nonpreventive care through coinsurance up to the annual out-of-pocket maximum.
- 4 Once you meet the out-of-pocket maximum, the plan will pay 100% of covered expenses for the remainder of the calendar year.



How the Medical Plans Compare

Plan features	Health Savings Account Plan		Traditional Plan	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Preventive care	Plan pays 100%	No coverage	Plan pays 100%	No coverage
Deductible	\$2,250 associate only, \$4,500 all other coverage tiers	\$4,500 associate only, \$9,000 all other coverage tiers	\$1,000 per covered member, up to \$3,000 family maximum	\$2,000 per covered member, up to \$6,000 family maximum
Coinsurance for nonpreventive medical care (i.e., primary care and specialist office visits, urgent care, hospital services, etc.)	Plan pays 80% , you pay 20% (after deductible)	Plan pays 60% , you pay 40% (after deductible)	Plan pays 80% , you pay 20% (after deductible)	Plan pays 60% , you pay 40% (after deductible)
Out-of-pocket maximum (includes deductible)	\$4,500 per covered member, up to \$9,000 family maximum	\$9,000 per covered member, up to \$18,000 family maximum	\$3,000 per covered member, up to \$9,000 family maximum	\$9,000 per covered member, up to \$27,000 family maximum
Contribution to an HSA	Eligible		Not eligible	

¹If you receive services from an out-of-network provider, the plan will only cover 150% of a fee schedule developed by Cigna based on a methodology similar to the one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. You will be responsible for any fee in excess of what is considered 150% of the fee schedule. Charges in excess of the fee schedule do not apply to your deductible or out-of-pocket maximum.

Prescription Drug Coverage

In this section

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- › Caremark® Cost Saver Program
- › PrudentRx
- › Managing Your Medications

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Prescription drug benefits are included in both of Ecolab's medical plan options — there's no need to enroll separately. Your cost for prescription drugs will depend on what type of prescriptions you need: generic, formulary, nonformulary, weight management, or specialty medications. Some preventive prescription drugs are covered at 100% with no deductible.

Note: In the Health Savings Account Plan, you must meet the medical plan deductible before cost sharing applies.

How the Prescription Drug Plans Compare

	Health Savings Account Plan	Traditional Plan
Deductible	<ul style="list-style-type: none"> Prescription costs are subject to the medical deductible. You are responsible for 100% of the cost until you meet the medical deductible. ACA preventive drugs* covered at 100%, deductible does not apply. Other preventive drugs** covered at 100% after copay or coinsurance, deductible does not apply. 	<ul style="list-style-type: none"> A deductible does not apply; your prescription drug costs will not count toward the medical deductible. ACA preventive drugs* covered at 100%, deductible does not apply.
Coinsurance	After you meet the deductible, you and the plan share the cost of prescription drugs through coinsurance.	You pay a portion of prescription drug costs through copay or coinsurance, subject to minimum and maximum amounts.
Out-of-pocket maximum	Prescription costs apply to the medical out-of-pocket maximum. Once you meet the medical out-of-pocket maximum, the plan pays 100% of the cost for the rest of the calendar year.	Prescription costs apply to the medical out-of-pocket maximum. Once you meet the medical out-of-pocket maximum, the plan pays 100% of the cost for the rest of the calendar year.
Example: A nonpreventive formulary drug costs \$100	<ul style="list-style-type: none"> You are responsible for paying the full cost of the drug until you meet your deductible. You may use money in your HSA to cover the cost. The cost of the drug will count toward your annual deductible and out-of-pocket maximum. 	<ul style="list-style-type: none"> You pay \$30 (30% of \$100). If available, you may use the money in your Health Care FSA to cover the cost. The cost of the drug will count toward your annual out-of-pocket maximum.

* The ACA (Affordable Care Act) requires certain preventive medications to be covered at 100% without copay, coinsurance, or deductible applying.

** Other preventive drugs treat medical conditions qualified by the Internal Revenue Service (IRS).

**PRESCRIPTION
DRUG COVERAGE
PROVIDED BY CVS
CAREMARK**

	Retail (up to 30-day supply)		Mail Service or CVS retail pharmacy (up to 90-day supply)	
	Health Savings Account Plan	Traditional Plan	Health Savings Account Plan	Traditional Plan
Generic	After you meet the deductible and a \$10 copayment, Plan pays 100%	Plan pays 100% after you pay a \$10 copayment	After you meet the deductible and a \$25 copayment, Plan pays 100%	Plan pays 100% after you pay a \$25 copayment
Formulary brand ("preferred list" of drugs)	After you meet the deductible, Plan pays 70% , you pay 30% coinsurance \$30 minimum, \$90 maximum per prescription paid by you	Plan pays 70% , you pay 30% coinsurance \$30 minimum, \$90 maximum per prescription paid by you	After you meet the deductible, Plan pays 70% , you pay 30% coinsurance \$62.50 minimum, \$225 maximum per prescription paid by you	Plan pays 70% , you pay 30% coinsurance \$62.50 minimum, \$225 maximum per prescription paid by you
Nonformulary brand (not on "preferred list"; generic equivalent or preferred drugs available)	After you meet the deductible, Plan pays 70% , you pay 30% coinsurance \$50 minimum, \$150 maximum per prescription paid by you	Plan pays 70% , you pay 30% coinsurance \$50 minimum, \$150 maximum per prescription paid by you	After you meet the deductible, Plan pays 70% , you pay 30% coinsurance \$125 minimum, \$375 maximum per prescription paid by you	Plan pays 70% , you pay 30% coinsurance \$125 minimum, \$375 maximum per prescription paid by you
Weight management	After you meet the deductible, Plan pays 50% , you pay 50%	Plan pays 50% , you pay 50%	After you meet the deductible, Plan pays 50% , you pay 50%	Plan pays 50% , you pay 50%

Caremark® Cost Saver™ Program

CVS Caremark and GoodRx have teamed up to provide a prescription drug discount solution that can help lower your out-of-pocket costs. With the Caremark Cost Saver program, you will have automatic access to GoodRx's prescription pricing, so you can pay lower prices, when available, on generic medications at the pharmacy counter*.

**Program is not available in all states.*



For more information

For questions or to price a prescription, call **1.866.490.0021** or visit [caremark.com](https://www.caremark.com).



PrudentRx

PrudentRx is a prescription drug program integrated with CVS Specialty Pharmacy to help reduce out-of-pocket costs for certain specialty medications. PrudentRx makes it possible for you to receive covered specialty medications at \$0 out-of-pocket cost when you fill your prescription at a local CVS pharmacy or have it delivered to your home through mail order. The PrudentRx program is only available under the Traditional Medical Plan option.

	Traditional Plan	
	Enrolled in PrudentRx	Not enrolled in PrudentRx
Specialty Certain high-cost medications used to treat chronic conditions	Plan pays 100% , you pay \$0	Plan pays 70% , you pay 30% coinsurance

For additional information, please contact PrudentRx directly at **1.800.578.4403**, Monday through Friday between 7:00 a.m. and 7:00 p.m., Central Time. Spanish-speaking advocates and language services are available.

Managing Your Medications

Your prescription drug program through CVS Caremark includes several drug utilization management programs.

CVS MAINTENANCE CHOICE® PROGRAM

If you take a medication on an ongoing basis to treat or prevent a chronic condition, such as high blood pressure, diabetes, asthma, or high cholesterol, your prescription may be considered a maintenance medication.

To receive the highest level of coverage, maintenance medications must be filled as a 90-day supply through one of the following:

- CVS Caremark Mail Service Pharmacy
- CVS Pharmacy
- Costco Pharmacy and Costco Mail Pharmacy
- Kroger-affiliated pharmacies
- Other participating Maintenance Choice pharmacies

You may fill your first two prescriptions for a maintenance medication at any in-network retail pharmacy. After that, you must use a participating Maintenance Choice pharmacy or CVS Caremark Mail Service to continue receiving plan coverage for your medication. Exceptions may apply where required by state law.



NON-MAINTENANCE MEDICATIONS

Medications used to treat short-term conditions, such as antibiotics or other medications that are not intended for ongoing use, are generally not considered maintenance medications.

These prescriptions may be filled at any in-network retail pharmacy for the covered days' supply under your plan. A 90-day supply through the Maintenance Choice program is not required for non-maintenance medications.

FINDING A PARTICIPATING PHARMACY

The Maintenance Choice pharmacy network may change over time. To find the most current list of participating pharmacies, use the Pharmacy Locator at [caremark.com](https://www.caremark.com) and look for locations identified as offering a 90-Day Supply Available.



IMPORTANT NOTES

- Most CVS Pharmacy, Kroger-affiliated pharmacy, and Costco Pharmacy locations participate in the Maintenance Choice program.
- Certain state-specific exceptions may apply, including Oklahoma and West Virginia.
- The list of participating pharmacies is subject to change. Always verify participation through the CVS Caremark Pharmacy Locator before transferring or filling a prescription.

Dental Plans

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Ecolab's dental plans provide the comprehensive coverage necessary to help you and your family maintain good dental health. Ecolab offers two dental plan choices: the Standard Plan and the Premier Plan. The benefit is insured by MetLife.

The Standard Plan doesn't include coverage for child orthodontia, has a lower annual maximum benefit for nonpreventive dental procedures, and has a lower premium. Coverage under the current Standard and Premier Plans will remain unchanged.

You have the flexibility to see any dentist you choose. However, discounted rates are available when you see an in-network dentist. Preventive care such as exams and cleanings is covered at no cost to you. For care beyond preventive, you pay the plan deductible, then both plans have coinsurance where you and the plan share the cost.

	Standard Dental Plan In- and out-of-network*	Premier Dental Plan In- and out-of-network*
Annual deductible	Associate only: \$50 All other coverage tiers: \$50 per person to a maximum of \$150	Associate only: \$50 All other coverage tiers: \$50 per person to a maximum of \$150
Preventive	100% (no deductible), 2 exams per year	100% (no deductible), 2 exams per year
Diagnostic exam	100% (no deductible), 1 exam per year	100% (no deductible), 1 exam per year
Basic	50% after deductible	80% after deductible
Major	50% after deductible	50% after deductible
Orthodontia	N/A	<ul style="list-style-type: none"> • For children only • 50% after deductible • \$2,000 lifetime maximum per child
Annual maximum benefit (excluding orthodontia)	\$1,000 per person	\$1,500 per person

* If you receive dental services from an out-of-network provider, the dental plan will only cover usual, customary, and reasonable (UC&R) charges as determined by MetLife, and based on your geographic area. You will be responsible for any fees in excess of what is considered UC&R charges.



For more information

For questions or to find a dentist in the MetLife network, call **1.800.942.0854** or visit mybenefits.metlife.com.

Vision Plan

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Ecolab offers coverage to help you pay vision expenses, such as annual exams, eyeglasses (lenses and frames) or contacts. The benefit is insured by EyeMed.

You have the freedom to receive services from any provider. You will, however, receive a greater level of benefits if you use a provider who participates in the EyeMed network. By using a network provider, you may also receive discounts for services otherwise not covered by the vision plan (e.g., sunglasses and laser vision correction).



	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services		
Eye Exam	\$10 copay	Up to \$45
Eye Exam at PLUS Providers	\$0 copay for PLUS Providers	Not covered
Retinal Imaging	Up to \$39	Not covered
Contact Lenses (instead of glasses)		
Contact Lenses	\$0 copay; 15% off balance over \$200 allowance	Up to \$105
Contact Lenses at PLUS Providers	\$0 copay; 15% off balance over \$250 allowance	Up to \$105
Frames (instead of contacts)		
Frames	\$0 copay; 20% off balance over \$200 allowance	Up to \$100
Frames at PLUS Providers	\$0 copay; 20% off balance over \$250 allowance	Up to \$100
Standard Plastic Lenses (instead of contacts)		
Standard Single Vision Lenses	\$20 copay	Up to \$30
Standard Bifocal Lenses	\$20 copay	Up to \$50
Standard Trifocal/Lenticular Lenses	\$20 copay	Up to \$70
Standard Progressive	\$20 copay	Up to \$50
Premium Tier 1-4 Progressive	\$20-\$20	Up to \$50



For more information

For questions or to find a provider in the EyeMed network, call **1.833.918.1259** or visit **EyeMed** (Code: ECOLAB).

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Monthly COBRA Premium

MEDICAL & PRESCRIPTION

Cigna Health Savings Plan with CVS Caremark Prescription

Associate Only	\$866.98
Associate + Spouse/Domestic Partner	\$1,820.66
Associate + Child(ren)	\$1,647.27
Family	\$2,687.63

Cigna Traditional Plan with CVS Caremark Prescription

Associate Only	\$930.12
Associate + Spouse/Domestic Partner	\$1,953.23
Associate + Child(ren)	\$1,767.18
Family	\$2,883.33

DENTAL

MetLife Standard Dental Plan

Associate Only	\$26.68
Associate + Spouse/Domestic Partner	\$56.36
Associate + Child(ren)	\$60.12
Family	\$91.51

MetLife Premier Dental Plan

Associate Only	\$38.51
Associate + Spouse/Domestic Partner	\$81.36
Associate + Child(ren)	\$86.76
Family	\$132.09

VISION

EyeMed Vision Plan

Associate Only	\$12.75
Associate + Spouse/Domestic Partner	\$18.26
Associate + Child(ren)	\$19.26
Family	\$30.89



Employee Assistance Program (EAP)



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The Employee Assistance Program (EAP) can help with navigating through big events in your life, but it's also there to help find solutions to more routine tasks.

- Provided for you and your family members at no cost
- You do not need to be enrolled in the Ecolab medical plan
- EAP advocates are available anytime, day or night, to answer your questions, direct you to valuable resources, and connect you with a mental health professional, if necessary. You can also access a concierge service to help you navigate the Cigna network to make connections and schedule related appointments



These services are free and confidential and include:

- **Counseling:** receive phone consultations and five virtual or in-person sessions with a licensed mental health professional on the Cigna Behavioral Health network, all at no cost to you
 - An EAP network of more than 120,000 providers, including over 60,000 that offer virtual services
 - Condition-specific support for autism, substance abuse disorders, depression, anxiety, stress, eating disorders, and more
 - Immediate 24/7 access to self-paced programs available online or via mobile app
- **Child care referrals:** day care centers and homes, preschool programs, nannies, prenatal classes, and more
- **Eldercare:** onsite assessment of the elder's own living environment, assess possible housing options such as assisted living, and more
- **Pet care:** find a veterinarian, pet sitter, obedience training location, or pet insurance
- **Identity theft support:** two 30-minute consultations with a fraud resolution specialist
- **Legal assistance:** two 30-minute consultations and up to 25% discount on select fees*
- **Financial management:** two 30-minute consultations
- And more!

** Legal consultations and discounts are not eligible for employment-related issues.*



For more information

Learn more about how the Employee Assistance Program (EAP) can help. Visit myCigna.com (employer ID: Ecolab), download the myCigna® app, or call **1.800.900.3791**.

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Ecolab's COBRA administrator, ThrivePass, is available to answer enrollment questions:

1.866.855.2844

Monday - Thursday 7:30 a.m. – 5:30 p.m. Central Time;

Friday 7:30 a.m. – 5:00 p.m. Central Time

nexus.thrivepass.com | COBRA@thrivepass.com

Please contact the providers below directly for claims or coverage information.

	Vendor	Phone	Web Address	Mobile Apps*
Dental	MetLife	1.800.942.0854	mybenefits.metlife.com	
Employee Assistance Program	Confide	1.800.900.3791	myCigna.com (Enter employer ID: Ecolab)	
Health Savings Account	HSA Bank	1.800.357.6246	hsabank.com	
Medical	Cigna	1.800.900.3791	myCigna.com	
Prescription Drug	CVS Caremark	1.866.490.0021	caremark.com	
Summary Plan Descriptions	ThrivePass	1.866.855.2844	thrivepass.com/ecolab-benefit-resources	No app available
Vision	EyeMed	1.833.918.1259	member.eyemedvisioncare.com/ecolab	

*You can easily access the apps by searching in the Apple® App Store® or Google Play® store.

This guide is a summary of the Ecolab U.S. benefits program. It highlights the main provisions of your benefit plans, which are subject to the terms of the official Plan Documents and insurance policies and may be modified from time to time. A more complete summary of all benefit plans is provided in the Summary Plan Descriptions required by law. Where this summary and the official Plan Documents vary, the official Plan Documents are the final authority. This guide (nor its related documents) is not a guarantee of benefits. Ecolab reserves the right to amend or discontinue the plans or reduce, suspend, or discontinue future contributions or benefits at any time.